

**26-33a-115 Consumer-focused health care delivery and payment reform demonstration project.**

- (1) The Legislature finds that:
  - (a) current health care delivery and payment systems do not provide system wide incentives for the competitive delivery and pricing of health care services to consumers;
  - (b) there is a compelling state interest to encourage consumers to seek high quality, low cost care and educate themselves about health care options;
  - (c) some health care providers and health care payers have developed consumer-focused ideas for health care delivery and payment system reform, but lack the critical number of patient lives and payer involvement to accomplish system-wide consumer-focused reform; and
  - (d) there is a compelling state interest to encourage as many health care providers and health care payers to join together and coordinate efforts at consumer-focused health care delivery and payment reform that would provide to consumers enrolled in a high-deductible health plan:
    - (i) greater choice in health care options;
    - (ii) improved services through competition; and
    - (iii) more affordable options for care.
- (2)
  - (a) The department shall meet with health care providers and health care payers for the purpose of coordinating a demonstration project for consumer-based health care delivery and payment reform.
  - (b) Participation in the coordination efforts is voluntary, but encouraged.
- (3) The department, in order to facilitate the coordination of a demonstration project for consumer-based health care delivery and payment reform, shall convene and consult with pertinent entities including:
  - (a) the Utah Insurance Department;
  - (b) the Office of Consumer Health Services;
  - (c) the Utah Medical Association;
  - (d) the Utah Hospital Association; and
  - (e) neutral, non-biased third parties with an established record for broad based, multi-provider and multi-payer quality assurance efforts and data collection.
- (4) The department shall supervise the efforts by entities under Subsection (3) regarding:
  - (a) applying for and obtaining grant funding and other financial assistance that may be available for demonstrating consumer-based improvements to health care delivery and payment;
  - (b) obtaining and analyzing information and data related to current health system utilization and costs to consumers; and
  - (c) consulting with those health care providers and health care payers who elect to participate in the consumer-based health delivery and payment demonstration project.
- (5) The executive director shall report to the Health System Reform Task Force by January 1, 2015, regarding the progress toward coordination of consumer-focused health care system payment and delivery reform.

Enacted by Chapter 102, 2013 General Session